

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 03/19/02?
b. The request was received on 07/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs/TWCC-62s
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 09/05/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 09/06/02. The response from the insurance carrier was received in the Division on 09/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 07/29/02
"I am disputing this claim on an EMG/NCV of the upper extremities...It is a well-settled standard among Diagnostics Testing, if the contra lateral extremity was tested to compare the affected and unaffected side the comparison study would be considered to be part of the overall study."
2. Respondent: letter dated 08/07/02
"The Texas Fee Schedule page 42 IV. B. 2. b. states, 'If the contralateral extremity was tested to compare the affected and unaffected side, the comparison study would be

considered to be part of the overall study.’ Separate reimbursement is not allowed for the contralateral extremity as it is not related and there are industry standards the provider can use for the purpose of comparison.”

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 03/19/02.
2. The carrier’s EOB has the denial: “G – THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE PERFORMED ON THIS DATE.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
03/19/02	95900	\$504.00 (4 units)	\$192.00	G	\$64.00 per unit / nerve	MFG, MGR (IV)(B)(2)(b)	The carrier denies reimbursement for left side upper extremity nerve studies, stating they were global to the right sides that were paid. The carrier’s response to the medical dispute cites the referenced MGR. However, the referenced MGR concerns CPT code 95935 (“H” or “F” reflex study by electrodiagnostic testing) and not the procedure in dispute. The medical documentation indicates the procedures were performed and billed correctly. Therefore, additional reimbursement of \$128.00 is recommended.
03/19/02	95904	\$480.00 (4 units)	\$192.00	G	\$64.00 per unit / nerve		
Totals		\$984.00	\$384.00				The Requestor is entitled to \$128.00 additional reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$128.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division